



DETERMINATION OF DEATH ON SCENE

I. PURPOSE

To identify situations when an EMT, AEMT or EMT-P may be called upon to determine death on scene.

II. POLICY

An EMT, AEMT or EMT-P may determine death on scene if **pulselessness and apnea** are present with any of the following criteria. The EMT-P is authorized to discontinue BLS CPR initiated at scene if a patient falls into the category of obvious death. In any situation where there may be doubt as to the clinical findings of the patient, BLS CPR must be initiated and the base hospital contacted. When death is determined, the County Coroner must be notified along with the appropriate law enforcement agency.

III. DETERMINATION OF DEATH CRITERIA

- Decomposition.
- Obvious signs of rigor mortis such as rigidity or stiffening of muscular tissues and joints in the body, which occurs any time after death and usually appears in the head, face and neck muscles first.
- Obvious signs of venous pooling in dependent body parts, lividity such as mottled bluish-tinged discoloration of the skin, often accompanied by cold extremities.
- Decapitation.
- Incineration of the torso and/or head.
- Massive crush injury.
- Penetrating injury with evisceration of the heart, and/or brain.
- Gross dismemberment of the trunk.

IV. SPECIAL CONSIDERATIONS

- A copy of the patient care report must be made available for the Coroner. This will be transmitted to them, when posted, if the disposition is marked “Dead on Scene” and the Destination is marked “Coroner, San Bernardino County” on the electronic patient care report (ePCR).
- The completed ePCR must be posted to the Coroner before the end of the shift.
- If unable to post, the use of an approved paper patient care report as a “downtime” form is permitted by ICEMA Reference #2040 - Requirements for Patient Care Reports.

LIMITED ALS (LALS) PROCEDURE

- All terminated LALS resuscitation efforts must have an AED event record attached to the ePCR.

ALS PROCEDURE

- All patients in ventricular fibrillation should be resuscitated on scene until ROSC is achieved. If patient remains in VF/VT after 20 minutes of CPR, consult base hospital.
- Severe blunt force trauma, pulseless, without signs of life (palpable pulses and/or spontaneous respirations) and cardiac electrical activity less than 40 bpm or during EMS encounter with the patient meets Determination of Death criteria. All terminated ALS resuscitation efforts must have an ECG attached to the patient care report.
- Consider termination of resuscitation efforts in the prehospital setting if any of the criteria are met in the ICEMA Reference #11070 - Cardiac Arrest - Adult.

V. SUSPECTED SUDDEN INFANT DEATH SYNDROME (SIDS) INCIDENT

It is imperative that all EMS field personnel be able to assist the caregiver and local police agencies during a suspected SIDS incident.

PROCEDURE

- Follow individual department/agency policies at all times.
- Ask open-ended questions about incident.

- Explain what you are doing, the procedures you will follow, and the reasons for them.
- If you suspect a SIDS death, explain to the parent/caregiver what SIDS is and, if this is a SIDS related death nothing they did or did not do caused the death.
- Provide the parent/caregiver with the number of the California SIDS Information Line: **1-800-369-SIDS (7437)**
- Provide psychosocial support and explain the emergency treatment and transport of their child.
- Assure the parent/caregiver that your activities are standard procedures for the investigation of all death incidents and that there is no suspicion of wrongdoing.
- Document observations.

VI. REFERENCES

<u>Number</u>	<u>Name</u>
11070	Cardiac Arrest - Adult
12020	End of Life Care and Decisions
13030	Cold Related Emergencies